Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298
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Attachment B:
Core Measures, Population Domain Measures,
Program-Specific Measures (Detail Sheets)

OMB Clearance Package

Table of Contents

Attachment B:
Core Measures, Population Domain Measures, Program-Specific Measures (Detail Sheets)

DGIS Performance Measures, Numbering by Domain	
Performance Measure	**Topic**
Core 1	Grant Impact
Core 2	Quality Improvement
Core 3	Health Equity
CB 2	Technical Assistance
CB 3	Impact Measurement
CB 5	Scientific Publications
CB 6	Products
CH 3	Developmental Screening

Core 1 Performance Measure	The percent of programs meeting the stated aims of their grant at the end of the current grant cycle
Goal: Grant Impact **Level: Grantee** **Domain: Core**	

GOAL	To ensure that planned grant impact was met.
MEASURE	The percent of MCHB funded projects meeting their stated objectives.
DEFINITION	**Tier 1**: Have you met the planned objectives as stated at the beginning of the grant cycle? *Prepopulated with the objectives from FOA:* • Did you meet objective 1_____? Y/N • Did you meet objective 2_____? Y/N
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported
SIGNIFICANCE	

Core 2 Performance Measure **Goal: Quality Improvement** **Level: Grantee** **Domain: Core**	The percent of programs engaging in quality improvement and through what means, and related outcomes.

GOAL	To measure quality improvement initiatives.
MEASURE	The percent of MCHB funded projects implementing quality improvement initiatives.

DEFINITION	**Tier 1**: Are you implementing quality improvement (QI) initiatives in your program?
	  ☐ Yes
	  ☐ No
	Tier 2: QI initiative:
	What type of QI structure do you have? (Check all that apply)
	  ☐ Team established within a division, office, department, etc. of an organization to improve a process, policy, program, etc.
	  ☐ Team within and across an organization focused on organizational improvement
	  ☐ Cross sectorial collaborative across multiple organizations
	What types of aims are included in your QI initiative? (Check all that apply)
	  ☐ Population health
	  ☐ Improve service delivery (process or program)
	  ☐ Improve client satisfaction/ outcomes
	  ☐ Improve work flow
	  ☐ Policy improvement
	  ☐ Reducing variation or errors
	Tier 3: Implementation
	Are QI goals directly aligned with organization's strategic goals? Y/ N
	Has the QI team received training in QI? Y/N
	Do you have metrics to track improvement? Y/N
	Which methodology are you utilizing for quality improvement? (Check all that apply)
	  ☐ Plan, Do, Study, Act Cycles
	  ☐ Lean
	  ☐ Six Sigma
	  ☐ Other: _____
	Tier 4: What are the related outcomes?
	Is there data to support improvement in population health as a result of the QI activities? Y/N
	Is there data to support organizational improvement as a result of QI activities? Y/N
	Is there data to support improvement in cross sectorial collaboration as a result of QI activities? Y/N

BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	

Core 3 Performance Measure **Goal: Health Equity** **Level: Grantee** **Domain: Capacity Building**	The percent of programs promoting and/ or facilitating improving health equity.

GOAL	To ensure MCHB grantees have established specific aims related to improving health equity.
MEASURE	The percent of MCHB funded projects with specific measurable aims related to promoting health equity.
DEFINITION	**Tier 1**: Are you promoting and/ or facilitating health equity in your program? ☐ Yes ☐ No **Tier 2**: Please select within which of the following domains your program addresses health equity (check all that apply): ☐ Income ☐ Race ☐ Ethnicity ☐ Language ☐ Socioeconomic Status ☐ Health Status ☐ Disability ☐ Sexual Orientation ☐ Sex ☐ Gender ☐ Age ☐ Geography – Rural/ Urban ☐ Other: _____ **Tier 3**: Implementation Has your program set stated goal/ objectives for health equity? Y/N If yes, what are those aims? _____ **Tier 4**: What are the related outcomes? % of programs that met stated goals/ objectives around health equity **Numerator:** # of programs that met stated specific aims around health equity **Denominator:** # of programs that set specific aims around health equity ** Health equity exists when challenges and barriers have been removed for those groups who experience greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.*
BENCHMARK DATA SOURCES	N/A
GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	Health equity is achieved when every individual has the opportunity to attain his or her full health potential and no one is "disadvantaged from achieving this potential because of social position or socially determined consequences." Achieving health equity is a top priority in the United States.

CB 2 Performance Measure	The percent of programs providing technical assistance on MCH priority topics.
Goal: Technical Assistance **Level: Grantee** **Domain: Capacity Building**	

GOAL To ensure supportive programming for technical assistance.

MEASURE The percent of MCHB funded projects providing technical assistance, on which MCH priority topics, and to whom.

DEFINITION

Tier 1: Are you providing technical assistance (TA) though your program?
- ☐ Yes
- ☐ No

Tier 2: To whom are you providing TA (check all that apply)?
- ☐ Participants/ Public
- ☐ Providers/ Health Care Professionals
- ☐ Local/ Community Partners
- ☐ State/ National Partners

Technical Assistant refers to collaborative problem solving on a range of issues, which may include program development, program evaluation, needs assessment, and policy or guideline formulation. It may include administrative services, site visitation, and review or advisory functions. TA may be a one-time or ongoing activity of brief or extended frequency.

Tier 3: Implementation *(populated from prior domain questions)*
- # CSHCN/Developmental Disabilities TA
- # Autism TA
- # Prenatal Care TA
- # Perinatal/ Postpartum Care TA
- # Maternal and Women's Depression Screening TA
- # Safe Sleep TA
- # Breastfeeding TA
- # Newborn Screening TA
- # Genetics TA
- # Quality of Well Child Visit TA
- # Well Visit TA
- # Injury Prevention TA
- # Family Engagement TA
- # Medical Home TA
- # Transition TA
- # Adolescent Major Depressive Disorder Screening TA
- # Health Equity TA
- # Adequate health insurance coverage TA
- # Tobacco and eCigarette Use TA
- # Oral Health TA
- # Nutrition TA
- # Data Research and Evaluation TA
- # Other TA
- (Please specify additional topics:_____)

Tier 4: What are the related outcomes in the reporting year? *(populated from prior questions)*
- # receiving TA
- # technical assistance activities
- # TA activities by target audience (Local, Title V, Other state agencies,/ partners, Regional, National, International)

GRANTEE DATA SOURCES Grantee self-reported.

CB 2 Performance Measure **Goal: Technical Assistance** **Level: Grantee** **Domain: Capacity Building**	The percent of programs providing technical assistance on MCH priority topics.

SIGNIFICANCE

National Resource Centers, Policy Centers, leadership training institutes and many other MCHB discretionary grantees provide technical assistance and training to various target audiences, including grantees, health care providers, state agencies, community-based programs, program beneficiaries, and the public as a way of improving skills, increasing the MCH knowledge base, and thus improving capacity to adequately serve the needs of MCH populations and improve their outcomes.

Data Collection Form for #CB 2

The form below will be prepopulated by TA selected in domain-specific measures.
All measures for which a grantee reported that they provide TA will be triggered in this table.

Instructions: Please report the number of TA activities for each audience. If TA activities reached multiple audiences, please count for each audience, without concern for duplication. Participants/ public include infants, children, adolescents, adult participants, and families. Community/ local partners are considered to be community-based organizations or municipal or city divisions, programs, or organizations including schools. State or national partners include state or federal divisions or programs, as well as statewide or national organizations, such as non-profit organizations and non-governmental organizations.

Technical Assistance Area	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners
Prenatal Care				
Perinatal/ Postpartum Care				
Maternal and Women's Depression Screening				
Safe Sleep				
Breastfeeding				
Newborn Screening				
Genetics				
Quality of Well Child Visit				
Developmental Screening				
Well Visit				
Injury Prevention				
Family Engagement				
Medical Home				
Transition				
Adolescent Major Depressive Disorder Screening				
Health Equity				
Adequate health insurance coverage				
Tobacco and eCigarette Use				
Oral Health				
N				
Data Research and Evaluation				
Other (Specify:_____)				

CB 3 Performance Measure Edited for Accuracy Goal: Impact Measurement Level: Grantee Domain: Capacity Building	The percent of grantees that collect and analyze data on the impact of their grants on the field.

GOAL

To ensure supportive programming for impact measurement.

MEASURE

The percent of grantees that collect and analyze data on the impact of their grants on the field, and the methods used to collect data.

DEFINITION

Tier 1: Are you collecting and analyzing data related to impact measurement in your program?
- ☐ Yes
- ☐ No

Tier 2: How are you measuring impact?
- ☐ Conduct participant surveys
- ☐ Collect client level data
- ☐ Qualitative assessments
- ☐ Case reports
- ☐ Other:_____

Tier 3: Implementation
- List of tools used
  - Specify Tools:_____
- Outcomes of qualitative assessment
  - # of participant surveys
  - # of clients whose client level data was collected
  - # of case reports

Tier 4: What are the related outcomes in the reporting year?

% of grantees that collect data on the impact of their grants on the field (and methods used to collect data)
Numerator: # of grantees that collect data on the impact of their grants on the field
Denominator: # of grantees
How is data collected:_____

% of grantees that collect and analyze data on the impact of their grants on the field (and methods used to analyze data)
Numerator: # of grantees that analyze data on the impact of their grants on the field
Denominator: # of grantees
How is data analyzed:_____

GRANTEE DATA SOURCES

Grantee self-reported.

SIGNIFICANCE

Impact as referenced here is a change in condition or status of life. This can include a change in health, social, economic or environmental condition. Examples may include improved health for a community/population or a reduction in disparities for a specific disease or increased adoption of a practice.

CB 5 PERFORMANCE MEASURE **Goal: Scientific Publications** **Level: Grantee** **Domain: Capacity Building**	The percent of programs supporting the production of scientific publications and through what means, and related outcomes.

GOAL

To ensure supportive programming for the production of scientific publications.

MEASURE

The percent of MCHB funded projects programs supporting the production of scientific publications.

DEFINITION

Tier 1: Are you supporting the production of scientific publications in your program?
- ☐ Yes
- ☐ No

Tier 2: Indicate the categories of scientific publication that have been produced with grant support (either fully or partially) during the reporting period.
- ☐ Submitted
- ☐ In press
- ☐ Published

Tier 3: How many are reached through those activities?
  # of scientific/ peer-reviewed publications

Tier 4: How, if at all, have these publications been disseminated (check all that apply)?
Note: research only; include this as Part B of publications form
- ☐ TV/ Radio interview(s)
- ☐ Newspaper interview(s)
- ☐ Online publication interview(s)
- ☐ Press release
- ☐ Social Networking sites
- ☐ Listservs
- ☐ Presentation at conference (poster, abstract, presentation)
- ☐ Websites

GRANTEE DATA SOURCES

Grantee self-reported.

SIGNIFICANCE

Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This measure addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

CB 6 Performance Measure **Goal: Products** **Level: Grantee** **Domain: Capacity Building**	The percent of programs supporting the development of informational products and through what means, and related outcomes.

GOAL	To ensure supportive programming for the development of informational products.
MEASURE	The percent of MCHB funded projects supporting the development of informational products, and through what processes.

DEFINITION	**Tier 1**: Are you creating products as part of your MCHB-supported program?
	    ☐ Yes
	    ☐ No
	Tier 2: Indicate the categories of products that have been produced with grant support (either fully or partially) during the reporting period.
	Count the original completed product, not each time it is disseminated or presented.
	    ☐ Books
	    ☐ Book chapters
	    ☐ Reports and monographs (including policy briefs, best practice reports, white papers)
	    ☐ Conference presentations and posters presented
	    ☐ Web-based products (website, blogs, webinars, newsletters, distance learning modules, wikis, RSS feeds, social networking sites) *Excluding video/ audio products that are posted online post-production*
	    ☐ Audio/ Video products (podcasts, produced videos, video clips, CD-ROMs, CDs, or audio)
	    ☐ Press communications (TV/ Radio interviews, newspaper interviews, public service announcements, and editorial articles)
	    ☐ Newsletters (electronic or print)
	    ☐ Pamphlets, brochures, or fact sheets
	    ☐ Academic course development
	    ☐ Distance learning modules
	    ☐ Doctoral dissertations/ Master's theses
	    ☐ Other: _____
	Tier 3: Implementation of products
	    # products created in each category

GRANTEE DATA SOURCES	Grantee self-reported.
SIGNIFICANCE	Advancing the field of MCH based on evidence-based, field-tested quality products. Collection of the types of and dissemination of MCH products and publications is crucial for advancing the field. This PM addresses the production and quality of new informational resources created by grantees for families, professionals, other providers, and the public.

[8] Calculate Percentage = Sum/N

Table 1: Activity Data Collection Form for Selected Measures

Please use the form below to identify what services you provide to each segment. For those you provide the service to, please provide the number of services provided (i.e. # of participants/members of the public receiving referrals or # of community/ local partners receiving TA). For those services you do not provide, or segments you do not reach, please leave the cell blank.

	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners
Technical Assistance				
Training				
Product Development				
Research/ Peer-reviewed publications				
Outreach/ Information Dissemination/ Education				
Screening/ Assessment				
Referral/ care coordination				
Direct Service				
Quality improvement initiatives				

CH 3 Performance Measure **Goal: Developmental Screening** **Level: Grantee** **Domain: Child Health**	Percent of programs promoting developmental screenings and follow-up for children.

GOAL	To ensure supportive programming for developmental screenings.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating developmental screening and follow-up for children.
DEFINITION	**Tier 1**: Are you promoting and/or facilitating developmental screening and follow-up in your program? ☐ Yes ☐ No **Tier 2**: Through what processes/ mechanisms are you promoting or facilitating developmental screening and follow-up? ☐ Technical Assistance ☐ Training ☐ Product Development ☐ Research/ Peer-reviewed publications ☐ Outreach/ Information Dissemination/ Education ☐ Tracking/ Surveillance ☐ Screening/ Assessment ☐ Referral/ care coordination ☐ Direct Service ☐ Quality improvement initiatives **Tier 3**: How many are reached through those activities? (*Report in Table 1: Activity Data Collection Form*) # receiving TA # receiving training # products developed # peer-reviewed publications published # receiving information and education through outreach # receiving screening/ assessment # referred/care coordinated # received direct service # participating in quality improvement initiatives **Tier 4**: What are the related outcomes in the reporting year? % of children 9 through 71 months receiving a developmental screening using a parental-completed tool? **Numerator:** Children of program participants aged 9 to 71 months who have received a developmental screening using a parent/ caretaker-completed tool **Denominator:** Children, aged 9 to 71 months, of program participants
BENCHMARK DATA SOURCES	National Survey of Children's Health Indicator 4.16: Developmental screening during health care visit, age 10 months-5 years (2011/2012)
GRANTEE DATA SOURCES	Title V National Performance Measure #6, Title V National Outcome Measure #12

CH 3 Performance Measure **Goal: Developmental Screening** **Level: Grantee** **Domain: Child Health**	Percent of programs promoting developmental screenings and follow-up for children.
SIGNIFICANCE	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home and an appropriate responsibility of all pediatric health care professionals. The early identification of developmental problems should lead to further developmental and medical evaluation, diagnosis, and treatment, including early developmental intervention. Children diagnosed with developmental disorders should be identified as children with special health care needs, and chronic-condition management should be initiated. Identification of a developmental disorder and its underlying etiology may also drive a range of treatment planning, from medical treatment of the child to family planning for his or her parents.

DIVISION OF MCH WORKFORCE DEVELOPMENT:

PERFORMANCE MEASURE DETAIL SHEET SUMMARY TABLE

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Training 01	New	N/A	MCH Training Program and Healthy Tomorrows Family Member/Youth/Community Member participation
Training 02	New	N/A	MCH Training Program and Healthy Tomorrows Cultural Competence
Training 04	Revised	59	Title V Collaboration
Training 05	Revised	85	Policy
Training 06	Revised	09	Diversity of Long-Term Trainees
Training 10	Revised	08	Leadership
Training 11	Revised	84	Work with MCH Populations
Training 12	Revised	60	Interdisciplinary Practice

Training 01 PERFORMANCE MEASURE **Goal: Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of MCHB training and Healthy Tomorrows programs that ensure family, youth, and community member participation in program and policy activities.

GOAL

To increase family, youth, and/or community member participation in MCH Training and Healthy Tomorrows programs.

MEASURE

The percent of MCHB training and Healthy Tomorrows programs that ensure family/ youth/ community member participation in program and policy activities.

DEFINITION

Attached is a table of five elements that demonstrate family member/youth/community member participation, including an emphasis on partnerships and building leadership opportunities for family members/youth/community members in MCH Training or Healthy Tomorrows programs. Please check yes or no to indicate if your MCH Training Program or Healthy Tomorrows program has met each element.

BENCHMARK DATA SOURCES

PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula

GRANTEE DATA SOURCES

Attached data collection form to be completed by grantee.

SIGNIFICANCE

Over the last decade, policy makers and program administrators have emphasized the central role of families and other community members as advisors and participants in program and policy-making activities. In accordance with this philosophy, MCH Training Programs and Healthy Tomorrows Programs are facilitating such partnerships at the local, State and national levels.
MCH Training programs support interdisciplinary/interprofessional graduate education and training programs that emphasize leadership, and family-centered, community-based, and culturally competent systems of care. Training programs are required to incorporate family members/youth/community members as faculty, trainees, and partners.
The Healthy Tomorrows program supports community initiated and community-based projects that apply principles of health promotion, disease prevention, and the benefits of coordinated health care to the provision of services that improve access to comprehensive, community-based, family-centered, culturally/linguistically competent, and coordinated care. Healthy Tomorrows projects are required to incorporate

Training 01 PERFORMANCE MEASURE	The percent of MCHB training and Healthy Tomorrows programs that ensure family, youth, and community member participation in program and policy activities.
Goal: Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs **Level: Grantee** **Domain: MCH Workforce Development**	
	family members/youth/community members as project staff, advisors, volunteers, and partners.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 01 - Family/ Youth/ Community Engagement in MCH Training and Healthy Tomorrows Programs

Please indicate if your MCH Training or Healthy Tomorrows program has included family members, youth, **and/or** community members in each of the program elements listed below. Use the space provided for notes to provide additional details about activities, as necessary. (NOTE: Programs are only required to have participation from family members **or** youth **or** community members for each element to answer "Yes")

Element	No	Yes
Participatory Planning Family members/youth/community members participate in and provide feedback on the planning, implementation and/or evaluation of the training or Healthy Tomorrows program's activities (e.g. strategic planning, program planning, materials development, program activities, and performance measure reporting).		
Cultural Diversity Culturally diverse family members/youth/community members facilitate the training or Healthy Tomorrows program's ability to meet the needs of the populations served.		
Leadership Opportunities Within your training or Healthy Tomorrows program, family members/youth/community members are offered training, mentoring, and/or opportunities for leadership roles on advisory committees or task forces.		
Compensation Family members/youth/community members who participate in the MCH Training or Healthy Tomorrows program are paid faculty, staff, consultants, or compensated for their time and expenses.		
Train MCH/CSHCN staff Family members/youth/community members work with their training or Healthy Tomorrows program to provide training (pre-service, in-service and professional development) to MCH/CSHCN faculty/staff, students/trainees, and/or providers.		

NOTES/COMMENTS:

Training 02 PERFORMANCE MEASURE **Goal: Cultural Competence in MCH Training and Healthy Tomorrows Programs** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic competence elements into their policies, guidelines, and training.
GOAL	To increase the percentage of MCH Training and Healthy Tomorrows programs that have integrated cultural and linguistic competence into their policies, guidelines, and training.
MEASURE	The percent of MCHB training and Healthy Tomorrows programs that have integrated cultural and linguistic competence into their policies, guidelines, and training.
DEFINITIONS	Attached is a checklist of 6 elements that demonstrate cultural and linguistic competency. Please check yes or no to indicate if your MCH Training or Healthy Tomorrows program has met each element. Please keep the completed checklist attached. Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; cited from National Center for Cultural Competence (http://nccc.georgeto wn.edu/foundations/frameworks.html)
DEFINITIONS (cont…)	Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. (Goode, T. and W. Jones, 2004. National Center for Cultural Competence; http://www.nccccurricula.info/linguisticcompetence.html) Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence knowledge and skills building efforts; research data on populations served according to

Training 02 PERFORMANCE MEASURE Goal: Cultural Competence in MCH Training and Healthy Tomorrows Programs Level: Grantee Domain: MCH Workforce Development	The percent of MCHB training and Healthy Tomorrows programs that have incorporated cultural and linguistic competence elements into their policies, guidelines, and training.

	racial, ethnic, and linguistic groupings; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic competence; and periodic assessment of trainees' progress in developing cultural and linguistic competence.
BENCHMARK DATA SOURCES	Related to the following HP2020 Objectives: PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula PHI-12: Increase the proportion of public health laboratory systems (including State, Tribal, and local) which perform at a high level of quality in support of the 10 Essential Public Health Services ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs
GRANTEE DATA SOURCES	Attached data collection form is to be completed by grantees. There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, and training.
SIGNIFICANCE	Over the last decade, researchers and policymakers have emphasized the central influence of cultural values and cultural/linguistic barriers: health seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural competence objectives have been: (1) incorporated into the Division of MCH Workforce Development strategic plan; and (2) in guidance materials related to the MCH Training and Healthy Tomorrows Programs. The Division of MCH Workforce Development provides support to programs that address cultural and linguistic competence through development of curricula, research, learning and practice environments

DATA COLLECTION FORM FOR DETAIL SHEET: Training 02 – Cultural Competence in MCH Training and Healthy Tomorrows Programs

Please indicate if your MCH Training or Healthy Tomorrows program has incorporated the following cultural/linguistic competence elements into your policies, guidelines, and training.
Please use the space provided for notes to provide additional details about the elements, as applicable.

Element	Yes 1	No 0
1. **Written Guidelines** Strategies for advancing cultural and linguistic competency are integrated into your training or Healthy Tomorrows program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).		
2. **Training** Cultural and linguistic competence knowledge and skills building are included in training aspects of your program.		
3. **Data** Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.		
4. **Staff/faculty diversity** MCH Training Program or Healthy Tomorrows staff and faculty reflect cultural and linguistic diversity of the significant populations served.		
5. **Professional development** MCH Training Program or Healthy Tomorrows staff and faculty participate in professional development activities to promote their cultural and linguistic competence.		
6. **Measure progress Measurement of Progress** A process is in place to assess the progress of MCH Training program or Healthy Tomorrows participants in developing cultural and linguistic competence.		

NOTES/COMMENTS*:*

Training 04 PERFORMANCE MEASURE

Goal: Collaborative Interactions
Level: Grantee
Domain: MCH Workforce Development

The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs.

GOAL

To assure that a training program has collaborative interactions related to training, technical assistance, continuing education, and other capacity-building services with relevant national, state and local programs, agencies and organizations.

MEASURE

The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs and other professional organizations.

DEFINITION

Attached is a list of the 6 elements that describe activities carried out by training programs for or in collaboration with State Title V and other agencies on a scale of 0 to 1. If a value of '1' is selected, provide the number of activities for the element. The total score for this measure will be determined by the sum of those elements noted as '1.'

BENCHMARK DATA SOURCES

ECBP-11(Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.
ECPB-2: Increase the proportion of elementary, middle, junior high, and senior high schools that provide comprehensive school health education to prevent health problems.
ECBP-12 Increase the inclusion of core clinical prevention and population health content in M.D.-granting medical schools.
ECBP-13: Increase the inclusion of core clinical prevention and population health content in in D.O.-granting medical schools.
ECBP-15: Increase the inclusion of core clinical prevention and population health content in in nurse practitioner training.
ECBP-17: Increase the inclusion of core clinical prevention and population health content in in Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy
PHI-2(Developmental) Increase the proportion of Tribal, State, and local public health personnel who receive continuing education consistent with the Core Competencies for Public Health Professionals

GRANTEE DATA SOURCES

The training program completes the attached table which describes the categories of collaborative activity.

SIGNIFICANCE

As a SPRANS grantee, a training program enhances the Title V State block grants that support the MCHB goal to promote comprehensive, coordinated, family-centered, and culturally-sensitive systems of health care that serve the diverse needs of all families within their own

| **Training 04 PERFORMANCE MEASURE** | The degree to which a training program collaborates with State Title V agencies, other MCH or MCH-related programs. |
| **Goal: Collaborative Interactions**
Level: Grantee
Domain: MCH Workforce Development | |

communities. Interactive collaboration between a training program and Federal, Tribal, State and local agencies dedicated to improving the health of MCH populations will increase active involvement of many disciplines across public and private sectors and increase the likelihood of success in meeting the goals of relevant stakeholders.

This measure will document a training program's abilities to:

1) collaborate with State Title V and other agencies (at a systems level) to support achievement of MCHB Strategic Goals;
2) make the needs of MCH populations more visible to decision-makers and can help states achieve best practice standards for their systems of care; and
3) internally use this data to assure a full scope of these program elements in all regions.

DATA COLLECTION FORM FOR DETAIL SHEET PM #Training 04 – Collaborative Interactions

Indicate the degree to which your training program collaborates with State Title V (MCH Block Grant) agencies and other MCH-related programs* using the following values:

0= Does not collaborate on this element   1= Does collaborate on this element.

If your program does collaborate, provide the total number of activities for the element.

Element	State Title V programs[1]			Other MCH-related programs[2]		
	0	1	Total number of activities	0	1	Total number of activities
Service* Examples might include: Clinics run by the training program and/ or in collaboration with other agencies						
Training Examples might include: Training in Bright Futures; Workshops related to adolescent health practice; and Community-based practices. It would not include clinical supervision of long-term trainees.						
Continuing Education Examples might include: Conferences; Distance learning; and Computer-based educational experiences. It would not include formal classes or seminars for long-term trainees.						
Technical Assistance Examples might include: Conducting needs assessments with State programs; policy development; grant writing assistance; identifying best-practices; and leading collaborative groups. It would not include conducting needs assessments of consumers of the training program services.						
Product Development Examples might include: Collaborative development of journal articles and training or informational videos.						
Research Examples might include: Collaborative submission of research grants, research teams that include Title V or other MCH-program staff and the training program's faculty.						
Total						

[1]State Title V programs include State Block Grant funded or supported activities.

[2]Other maternal and child health-related programs (both MCHB-funded and funded from other sources) include, but are not limited to:

- State Health Department
- State Adolescent Health
- Social Service Agency
- Medicaid Agency
- Education
- Juvenile Justice
- Early Intervention
- Home Visiting

- Professional Organizations/Associations
- Family and/or Consumer Group
- Foundations
- Clinical Program/Hospitals
- Local and state division of mental health
- Developmental disability agencies
- Other programs working with maternal and child health populations

*Ongoing collaborations with clinical locations should be counted as one activity (For example: multiple trainees rotate through the same community-based clinical site over the course of the year. This should be counted as one activity.)

Training 05 PERFORMANCE MEASURE **Goal: Policy Development** **Level: Grantee** **Domain: MCH Workforce Development**	The degree to which MCH long-term training grantees engage in policy development, implementation, and evaluation.
GOAL	To increase the number of MCH long-term training programs that actively promote the transfer and utilization of MCH knowledge and research to the policy arena through the work of faculty, trainees, alumni, and collaboration with Title V.
MEASURE	The degree to which MCH long-term training grantees engage in policy development, implementation, and evaluation.
DEFINITION	Attached is a list of six elements that demonstrate policy engagement. Please check yes or no to indicate which the elements have been implemented. Please keep the completed checklist attached. Policy development, implementation and evaluation in the context of MCH training programs relates to the process of translating research to policy and training for leadership in the core public health function of policy development. Actively – mutual commitment to policy-related projects or objectives within the past 12 months.
BENCHMARK DATA SOURCES	Related to PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula.
GRANTEE DATA SOURCES	• Attached data collection form to be completed by grantee. • Data will be collected from competitive and continuation applications as part of the grant application process and annual reports. The elements of training program engagement in policy development, implementation, and evaluation need to be operationally defined with progress noted on the attached list with an example described more fully in the narrative application.
SIGNIFICANCE	Policy development is one of the three core functions of public health as defined by the Institute of Medicine in The Future of Public Health (National Academy Press, Washington DC). In this landmark report by the IOM, the committee recommends that "every public health agency exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting use of the scientific knowledge base in decision-making about public health and by leading in developing public health policy." Academic institutions such as schools of public health and research universities have the dual responsibility to develop knowledge and to produce well-trained professional practitioners. This national performance measure relates directly to Goal 4 of the Division of MCH Workforce Development Strategic Plan to "generate and translate new knowledge for the MCH field in order to advance science-based practice, innovation, and quality improvement in MCH training, policies and programs."

DATA COLLECTION FORM FOR DETAIL SHEET: Training 05 - Policy Development

Using a response of Yes (1) or No (0), indicate whether your training program has addressed the following policy training and policy participation elements.

CATEGORY #1: Training on Policy and Advocacy

Element	No 0	Yes 1
1. Your MCHB-funded Training Program provides didactic opportunities for training on policy development and advocacy to increase understanding of how the policy process works at the federal, state and/or local levels.		
2. Your MCHB-funded Training Program provides an opportunity for application of policy and advocacy knowledge through one or more of the following educational experiences **If Yes, check all that apply:** ☐ Write a policy brief about an emerging local MCH public health issue ☐ Attend a meeting of a local MCH stakeholder group, provide a written summary of their approach ☐ Attend a professional association meeting and actively participate on a committee ☐ Educate Policymakers ☐ Provide written and/or oral testimony to the state legislature ☐ Write an article on an MCH topic for a lay audience ☐ Observe a legislative hearing on CSPAN, or if possible, attend a legislative hearing on an MCH topic ☐ Track a bill over the Internet over the course of a legislative session ☐ Interview an agency or organization-based MCH policy maker, administrator, or advocate and prepare written and/or oral mock testimony from the perspective of the agency/association interviewed ☐ Other, please describe _____		
3. A pre/post assessment is in place to measure increased policy knowledge and skills of **long-term** trainees (NOTE: Long-term trainees are defined as those who have completed a long-term [greater than or equal to 300 contact hours] MCH Training Program, including those who received funds and those who did not). If Yes, report: a. % of current trainees reporting increased policy knowledge _____ b. % of current trainees reporting increased policy skills _____		

CATEGORY #2: Participation in Policy Change and Translation of Research into Policy

Element	No 0	Yes 1
4. Trainees, faculty and/or staff contribute to the development of guidelines, regulation, legislation **or** other public policy at the local, state, and/or national level. If yes, indicate all policy arenas to which they have contributed: ☐ Local ☐ State ☐ National		
5. Trainees, faculty and/or staff participate in local, state and/or national MCH advocacy networks and initiatives If yes, indicate all policy arenas to which they have contributed : ☐ Local ☐ State ☐ National		
6. Trainees, faculty and/or staff participate in disseminating and communicating research findings (both original and non-original) directly to public health agency leaders and/or policy officials. If yes, indicate all policy arenas to which they have contributed: ☐ Local ☐ State ☐ National		

Training 06 Performance Measure **Goal: Long Term Training Programs** **Level: Grantee** **Domain: MCH Workforce Development**	The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.

GOAL	To increase the percentage of trainees participating in MCHB long-term training programs who are from underrepresented racial and ethnic groups.
MEASURE	The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.
DEFINITION	**Numerator:** Total number of long-term trainees ($\geq$ 300 contact hours) participating in MCHB training programs reported to be from underrepresented racial and ethnic groups. (Include MCHB-supported and non-supported trainees.) **Denominator**: Total number of long-term trainees ($\geq$ 300 contact hours) participating in MCHB training programs. (Include MCHB-supported and non-supported trainees.) **Units:** 100 **Text:** Percentage The definition of "underrepresented racial and ethnic groups" is based on the categories from the U.S. Census.
BENCHMARK DATA SOURCES	Related to Healthy People 2020 Objectives: AHS-4: Increase the number of practicing primary care providers ECBP-11: (Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs
GRANTEE DATA SOURCES	Data will be collected annually from grantees about their trainees. MCHB does not maintain a master list of all trainees who are supported by MCHB long-term training programs. References supporting Workforce Diversity: • In the Nation's Compelling Interest: Ensuring Diversity in the Healthcare Workforce (2004). Institute of Medicine. • Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002). Institute of Medicine.
SIGNIFICANCE	HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. Training a diverse group of professionals is necessary in order to provide a diverse public health workforce to meet the needs of the changing demographics of the U.S. and to ensure access to culturally competent and effective services. This performance measure provides the necessary data to report on HRSA's initiatives to reduce health disparities.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 06 – Long Term Training Programs

Report on the percentage of long-term trainees (≥300 contact hours) who are from any underrepresented racial/ethnic group (i.e., Hispanic or Latino, American Indian or Alaskan Native, Asian, Black or African-American, Native Hawaiian or Pacific Islander, two or more race (OMB). Please use the space provided for notes to detail the data source and year of data used.

- Report on all long-term trainees (≥ 300 contact hours) including MCHB-funded and non MCHB-funded trainees

- Report race and ethnicity separately

- Trainees who select multiple ethnicities should be counted once

- Grantee reported numerators and denominator will be used to calculate percentages

Total number of long term trainees (≥ 300 contact hours) participating in the training program. (Include MCHB-supported and non-supported trainees.)

_____

Ethnic Categories
Number of long-term trainees who are Hispanic or Latino (Ethnicity)   _____

Racial Categories
Number of long-term trainees who are American Indian or Alaskan Native   _____

Number of long-term trainees who are of Asian descent   _____

Number of long-term trainees who are Black or African-American   _____

Number of long-term trainees who are Native Hawaiian or Pacific Islanders   _____

Number of long-term trainees who are two or more races   _____

Notes/Comments:

Training 10 PERFORMANCE MEASURE **Goal: Field Leadership** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of long term trainees that have demonstrated field leadership after completing an MCH training program.

GOAL	To increase the percentage of long term trainees that have demonstrated field leadership two and five years after completing their MCH Training Program.
MEASURE	The percentage of long-term trainees that have demonstrated field leadership after completing an MCH Training Program.
DEFINITION	Attached is a checklist of four elements that demonstrate field leadership. For each element, identify the number of long-term trainees that have demonstrated field leadership two and five years after program completion. Please keep the completed checklist attached. Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) MCH training program, including those who received MCH funds and those who did not. "Field leadership" refers to but is not limited to providing MCH leadership within the clinical, advocacy, academic, research, public health, public policy or governmental realms. Refer to attachment for complete definition. Cohort is defined as those who have completed an MCHB-funded training program 2 years and 5 years prior to the reporting period. Data form for each cohort year will be collected for five years.
BENCHMARK DATA SOURCES	Related to Healthy People 2020 Objectives: PHI-1: Increase the proportion of Federal, Tribal, State and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs and schools of nursing (with public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula
GRANTEE DATA SOURCES	Attached data collection form to be completed by grantees.

Training 10 PERFORMANCE MEASURE **Goal: Field Leadership** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of long term trainees that have demonstrated field leadership after completing an MCH training program.
SIGNIFICANCE	An MCHB trained workforce is a vital participant in clinical, administrative, policy, public health and various other arenas. MCHB long term training programs assist in developing a public health workforce that addresses MCH concerns and fosters field leadership in the MCH arena.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 10 – Field Leadership

SECTION A: 2 YEAR FOLLOW-UP
Numerator: The number of long-term trainees who have demonstrated field leadership **2 years** after completing their MCH Training Program.
Denominator: The total number of long-term trainees, **2 years** following completion of an MCHB-funded training program, included in this report.

Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) MCH training program, including those who received MCH funds and those who did not.

    A. The total number of long-term trainees, **2 years** post program completion, included in this report   _____

    B. The total number of program completers lost to follow-up   _____

    C.   Number of respondents (A-B)   _____

    D.   Number of respondents who have demonstrated field leadership in **at least** one of the following areas below   _____

    E.   Percent of long-term trainees (**2 years** post program completion) who have demonstrated field leadership in **at least one** of the following areas:

                                                               _____

(Individual respondents may have leadership activities in multiple areas below)

1.   Number of trainees that have participated in **academic** leadership activities since completing their MCH Training Program   _____
   - Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
   - Conducted research or quality improvement on MCH issues
   - Provided consultation or technical assistance in MCH areas
   - Taught/mentored in my discipline or other MCH related field
   - Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
   - Procured grant and other funding in MCH areas
   - Conducted strategic planning or program evaluation

2.   Number of trainees that have participated in **clinical** leadership activities since completing their MCH Training Program   _____
   - Participated as a group leader, initiator, key contributor or in a position of influence/authority on any of the following: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
   - Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc
   - Taught/mentored in my discipline or other MCH related field
   - Conducted research or quality improvement on MCH issues
   - Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
   - Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)

3. Number of trainees that have participated in **public health practice** leadership activities since completing their MCH Training Program   _____

- Provided consultation, technical assistance, or training in MCH areas
- Procured grant and other funding in MCH areas
- Conducted strategic planning or program evaluation
- Conducted research or quality improvement on MCH issues
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
- Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, provided testimony, educated policymakers, etc.)

4. Number of trainees that have participated in **public policy & advocacy** leadership activities since completing their MCH Training Program   _____

- Participated in public policy development activities (e.g., participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation, provided testimony, educated legislators)
- Participated on any of the following as a group leader, initiator, key contributor, or in a position of influence/authority: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- Disseminated information on MCH public policy issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care, commentaries, and chapters)

SECTION B: 5 YEAR FOLLOW-UP

Numerator: The number of long-term trainees who have demonstrated field leadership 5 years after completing their MCH Training Program.

Denominator: The total number of long-term trainees, 5 years following completion of an MCHB-funded training program, included in this report.

Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) MCH training program, including those who received MCH funds and those who did not.

    F. The total number of long-term trainees, **5 years** post program completion, included in this report   _____

    G. The total number of program completers lost to follow-up   _____

    H.   Number of respondents (A-B)

    I.   Number of respondents who have demonstrated field leadership in **at least** one of the following areas below   _____

    J.   Percent of long-term trainees (**5 years** post program completion) who have demonstrated field leadership in **at least one** of the following areas: _____

(Individual respondents may have leadership activities in multiple areas below)   _____

1. **Number of trainees that have participated in** academic **leadership activities** since completing their MCH Training Program   _____

- Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
- Conducted research or quality improvement on MCH issues
- Provided consultation or technical assistance in MCH areas
- Taught/mentored in my discipline or other MCH related field
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)

- Procured grant and other funding in MCH areas
- Conducted strategic planning or program evaluation

2. **Number of trainees that have participated in** clinical **leadership activities** since completing their MCH Training Program   _____

- Participated as a group leader, initiator, key contributor or in a position of influence/authority on any of the following: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc
- Taught/mentored in my discipline or other MCH related field
- Conducted research or quality improvement on MCH issues
- Disseminated information on MCH Issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)

3. **Number of trainees that have participated in** public health practice **leadership activities** since completing their MCH Training Program   _____

- Provided consultation, technical assistance, or training in MCH areas
- Procured grant and other funding in MCH areas
- Conducted strategic planning or program evaluation
- Conducted research or quality improvement on MCH issues
- Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process)
- Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, provided testimony, educated policymakers , etc.)

4. **Number of trainees that have participated in** public policy & advocacy **leadership activities** since completing their MCH Training Program   _____

- Participated in public policy development activities (e.g., participated in community engagement or coalition building efforts, written policy or guidelines, influenced MCH related legislation, provided testimony, educated legislators)
- Participated on any of the following as a group leader, initiator, key contributor, or in a position of influence/authority: committees of State, national, or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
- Disseminated information on MCH public policy issues (e.g., Peer-reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care, commentaries, and chapters)

NOTES/COMMENTS:

Training 11 PERFORMANCE MEASURE **Goal: Long-term trainees working with MCH populations** **Level: Grantee** **Domain: MCH Workforce Development**	The percentage of long-term trainees who are engaged in work focused on MCH populations after completing their MCH Training Program.

GOAL

To increase the percent of long-term trainees engaged in work focused on MCH populations two and five years after completing their MCH Training Program.

MEASURE

The percentage of long-term trainees who are engaged in work focused on MCH populations after completing their MCH Training Program.

DEFINITION

Numerator:
Number of long-term trainees reporting they are engaged in work focused on MCH populations after completing their MCH Training Program.
Denominator:
The total number of trainees responding to the survey
Units: 100 **Text:** Percent

Long-term trainees are defined as those who have completed a long-term (greater than or equal to 300 contact hours) MCH Training Program, including those who received MCH funds and those who did not.

Cohort is defined as those who have completed an MCHB-funded training program 2 years and 5 years prior to the reporting period.

MCH Populations: Includes all of the Nation's women, infants, children, adolescents, young adults and their families, including and children with special health care needs.

BENCHMARK DATA SOURCES

Related to ECBP-10 Increase the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services…

Related to ECBP-11(Developmental) Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

Related to PHI-1Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance

Training 11 PERFORMANCE MEASURE **Goal: Long-term trainees working with MCH populations** **Level: Grantee** **Domain: MCH Workforce Development**	The percentage of long-term trainees who are engaged in work focused on MCH populations after completing their MCH Training Program.
GRANTEE DATA SOURCES	A revised trainee follow-up survey that incorporates the new form for collecting data on the involvement of those completing an MCH training program in work related to MCH populations will be used to collect these data. Data Sources Related to Training and Work Settings/Populations: Rittenhouse Diane R, George E. Fryer, Robert L. Pillips et al. Impact of Title Vii Training Programs on Community Health Center Staffing and National Health Service Corps Participation. *Ann Fam Med*2008;6:397-405. DOI: 10.1370/afm.885. Karen E. Hauer, Steven J. Durning, Walter N. Kernan, et al. Factors Associated With Medical Students' Career Choices Regarding Internal Medicine *JAMA*.2008;300(10):1154-1164 (doi:10.1001/jama.300.10.1154).
SIGNIFICANCE	HRSA's MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 11 - Long-term trainees working with MCH populations

Individuals completing a long-term training program who report working with the **maternal and child health population** (i.e., women, infants, children, adolescents, young adults and their families, including children with special health care needs) at 2 years and at 5 years after completing their training program.

NOTE: If the individual works with more than one of these groups only count them once.

2 YEAR FOLLOW-UP

A. The total number of long-term trainees, **2 years** following program completion

B. The total number of long-term trainees lost to follow-up (**2 years** following program completion)

C. The total number of respondents (A-B) = denominator

D. Number of respondents **2 years** following completion of program who report working with an MCH population

E. Percent of respondents **2 years** following completion of program who report working with an MCH population

5 YEAR FOLLOW-UP

F. The total number of long-term trainees, **5 years** following program completion

G. The total number of long-term trainees lost to follow-up (**5 years** following program completion),

H. The total number of respondents (F-G) = denominator

I. Number of respondents **5 years** following completion of program who report working with an MCH population

J. Percent of respondents **5 years** following completion of program who report working with an MCH population

Training 12 PERFORMANCE MEASURE **Goal: Long-term Trainees** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of long-term trainees who, at 2, 5 and 10 years post training, have worked in an interdisciplinary manner to serve the MCH population (e.g., individuals with disabilities and their families, adolescents and their families, etc.).

GOAL

To increase the percent of long-term trainees who, upon completing their training, work in an interdisciplinary manner to serve the MCH population.

MEASURE

The percent of long-term trainees who, at 2, 5 and 10 years post training have worked in an interdisciplinary manner to serve the MCH population.

DEFINITION

Numerator: The number of long-term trainees indicating that they have worked in an interdisciplinary manner serving the MCH population.

Denominator: The total number of long-term trainees responding to the survey

Units: 100   **Text:** Percent

In addition, data on the total number of the long-term trainees and the number of non-respondents for each year will be collected.

Long-term trainees are defined as those who have completed a long-term (300+ hours) MCH Training program, including those who received MCH funds and those who did not.

BENCHMARK DATA SOURCES

Related to Healthy People 2020 Objectives:

ECBP-12: Increase the inclusion of core clinical preventive and population health content in M.D.-granting medical schools

ECBP-13: Increase the inclusion of core clinical preventive and population health content in D.O.-granting medical schools

ECBP-14: Increase the inclusion of core clinical preventive and population health content in undergraduate nursing

ECBP-15: Increase the inclusion of core clinical preventive and population health content in nurse practitioner training

ECBP-16: Increase the inclusion of core clinical preventive and population health content in physician assistant training

PHI-3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula

MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems

GRANTEE DATA SOURCES

The trainee follow-up survey is used to collect these data.

Training 12 PERFORMANCE MEASURE **Goal: Long-term Trainees** **Level: Grantee** **Domain: MCH Workforce Development**	The percent of long-term trainees who, at 2, 5 and 10 years post training, have worked in an interdisciplinary manner to serve the MCH population (e.g., individuals with disabilities and their families, adolescents and their families, etc.).
SIGNIFICANCE	Leadership education is a complex interdisciplinary field that must meet the needs of MCH populations. This measure addresses one of a training program's core values and its unique role to prepare professionals for comprehensive systems of care/practice. By providing interdisciplinary coordinated care, training programs help to ensure that all MCH populations receive the most comprehensive care that takes into account the complete and unique needs of the individuals and their families.

DATA COLLECTION FORM FOR DETAIL SHEET: Training 12 – Long-term Trainees

A. 2 YEAR FOLLOW-UP

Numerator: The number of long-term trainees who have worked in an interdisciplinary manner **2 years** following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed.

Denominator: The total number of long-term trainees, **2 years** following completion of an MCHB-funded training program, responding to the survey

The total number of long-term trainees, **2 years** following program completion   _____

The total number of program completers lost to follow-up   _____

Number of respondents (Denominator)   _____

The number of long-term trainees who have worked in an interdisciplinary manner **2 years** following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed   _____

The total number of program completers lost to follow-up

Percent of long-term trainees (**2 years** post program completion) who have worked in an interdisciplinary manner, demonstrating **at least one** of the following interdisciplinary skills: _____%

Sought input or information from other professions or disciplines to address a need in your work   _____%

Provided input or information to other professions or disciplines.   _____%

Developed a shared vision, roles and responsibilities within an interdisciplinary group.   _____%

Utilized that information to develop a coordinated, prioritized plan across disciplines to address a need in your work   _____%

Established decision-making procedures in an interdisciplinary group.   _____%

Collaborated with various disciplines across agencies/entities?   _____%

Advanced policies & programs that promote collaboration with other disciplines or professions   _____%

B. 5 YEAR FOLLOW-UP

Numerator: The number of long-term trainees who have worked in an interdisciplinary manner **5** years following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed.

Denominator: The total number of long-term trainees, **5 years** following completion of an MCHB-funded training program, responding to the survey.

The total number of long-term trainees, **5 years** following program completion   _____

The total number of program completers lost to follow-up   _____

The number of long-term trainees who have worked in an interdisciplinary manner 5 **years** following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed

Percent of long-term trainees (**5 years** post program completion) who have worked in an interdisciplinary manner, demonstrating **at least one** of the following interdisciplinary skills: _____%

    Sought input or information from other professions or disciplines to address a need in your work   _____%

    Provided input or information to other professions or disciplines.   _____%

    Developed a shared vision, roles and responsibilities within an interdisciplinary group.   _____%

    Utilized that information to develop a coordinated, prioritized plan across disciplines to address a need in your work   _____%

    Established decision-making procedures in an interdisciplinary group.   _____%

    Collaborated with various disciplines across agencies/entities?   _____%

    Advanced policies & programs that promote collaboration with other disciplines or professions   _____%

C. 10 YEAR FOLLOW-UP

    Numerator: The number of long-term trainees who have worked in an interdisciplinary manner **10 years** following completion of an MCHB-funded training program, demonstrating at least one of the interdisciplinary skills listed.

    Denominator: The total number of long-term trainees, **10 years** following completion of an MCHB-funded training program, responding to the survey.

The total number of long-term trainees, **10 years** following program completion   _____

The total number of program completers lost to follow-up   _____

Percent of long-term trainees (**10 years** post program completion) who have worked in an interdisciplinary manner, demonstrating **at least one** of the following interdisciplinary skills: _____%

    Sought input or information from other professions or disciplines to address a need in your work   _____%

    Provided input or information to other professions or disciplines.   _____%

    Developed a shared vision, roles and responsibilities within an interdisciplinary group.   _____%

    Utilized that information to develop a coordinated, prioritized plan across disciplines to address a need in your work   _____%

    Established decision-making procedures in an interdisciplinary group.   _____%

    Collaborated with various disciplines across agencies/entities?   _____%

    Advanced policies & programs that promote collaboration with other disciplines or professions   _____%

Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298
Expires: 06/30/2022

Attachment C:
Financial and Demographic Data Elements

OMB Clearance Package

Attachment C:
Financial and Demographic Data Elements

FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1. **MCHB GRANT AWARD AMOUNT** $ _____
2. **UNOBLIGATED BALANCE** $ _____
3. **MATCHING FUNDS** $ _____
   (Required: Yes [ ]   No [ ]   If yes, amount)

   A. Local funds $ _____
   B. State funds $ _____
   C. Program Income $ _____
   D. Applicant/Grantee Funds $ _____
   E. Other funds: _____ $ _____
4. **OTHER PROJECT FUNDS** (Not included in 3 above) $ _____
   A. Local funds $ _____
   B. State funds $ _____
   C. Program Income (Clinical or Other) $ _____
   D. Applicant/Grantee Funds (includes in-kind) $ _____
   E. Other funds (including private sector, e.g., Foundations) $ _____
5. **TOTAL PROJECT FUNDS** (Total lines 1 through 4) $ _____
6. **FEDERAL COLLABORATIVE FUNDS** $ _____
   (Source(s) of additional Federal funds contributing to the project)

   A. Other MCHB Funds (Do not repeat grant funds from Line 1)

      1) Special Projects of Regional and National Significance (SPRANS) $ _____
      2) Community Integrated Service Systems (CISS) $ _____
      3) State Systems Development Initiative (SSDI) $ _____
      4) Healthy Start $ _____
      5) Emergency Medical Services for Children (EMSC) $ _____
      6) Autism Collaboration, Accountability, Research, Education and Support Act $ _____
      7) Patient Protection and Affordable Care Act   _____
      8) Universal Newborn Hearing Screening
      9) State Title V Block Grant $ _____
      10) Other: _____ $ _____
      11) Other: _____ $ _____
      12) Other: _____ $ _____
   B. Other HRSA Funds
      1) HIV/AIDS $ _____
      2) Primary Care $ _____
      3) Health Professions $ _____
      4) Other: _____ $ _____
      5) Other: _____ $ _____
      6) Other: _____ $ _____
   C. Other Federal Funds
      1) Center for Medicare and Medicaid Services (CMS) $ _____
      2) Supplemental Security Income (SSI) $ _____
      3) Agriculture (WIC/other) $ _____
      4) Administration for Children and Families (ACF) $ _____
      5) Centers for Disease Control and Prevention (CDC) $ _____
      6) Substance Abuse and Mental Health Services Administration (SAMHSA) $ _____
      7) National Institutes of Health (NIH) $ _____
      8) Education $ _____
      9) Bioterrorism
      10) Other: _____ $ _____
      11) Other: _____ $ _____

12) Other	$
7. TOTAL COLLABORATIVE FEDERAL FUNDS	$

INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY ____

Line 1.   Enter the amount of the Federal MCHB grant award for this project.

Line 2.   Enter the amount of carryover (e.g., unobligated balance) from the previous year's award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.

Line 3.   If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.

Line 4.   Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.

Line 5.   Displays the sum of lines 1 through 4.

Line 6.   Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.

Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.

If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .

Line 7.   Displays the sum of lines in 6A.1 through 6C.12.

FORM 2

PROJECT FUNDING PROFILE

	FY____		FY____		FY____		FY____		FY____	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1 MCHB Grant Award Amount *Line 1, Form 2*	$	$	$	$	$	$	$	$	$	$
2 Unobligated Balance *Line 2, Form 2*	$	$	$	$	$	$	$	$	$	$
3 Matching Funds (If required) *Line 3, Form 2*	$	$	$	$	$	$	$	$	$	$
4 Other Project Funds *Line 4, Form 2*	$	$	$	$	$	$	$	$	$	$
5 Total Project Funds *Line 5, Form 2*	$	$	$	$	$	$	$	$	$	$
6 Total Federal Collaborative Funds *Line 7, Form 2*	$	$	$	$	$	$	$	$	$	$

INSTRUCTIONS FOR THE COMPLETION OF FORM 2
PROJECT FUNDING PROFILE

Instructions:

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Grant Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

FORM 4

PROJECT BUDGET AND EXPENDITURES
By Types of Services

		FY _____		FY _____	
TYPES OF SERVICES		**Budgeted**	**Expended**	**Budgeted**	**Expended**
I.	**Direct Health Care Services** (Basic Health Services and Health Services for CSHCN.)	$	$	$	$
II.	**Enabling Services** (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	$	$	$	$
III.	**Public Health Services and Systems** (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems, Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	$	$	$	$
IV.	*TOTAL*	$	$	$	$

INSTRUCTIONS FOR THE COMPLETION OF FORM 4
PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, II or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and II are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I <u>Direct Health Care Services</u> - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II <u>Enabling Services</u> - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III <u>Public Health Services and Systems</u> - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Public Health Services and Systems include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of Public Health Services and Systems are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and

resources such as health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V   Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.

FORM 6

MATERNAL & CHILD HEALTH DISCRETIONARY GRANT
PROJECT ABSTRACT
FOR FY____

PROJECT:_____

I.   **PROJECT IDENTIFIER INFORMATION**
   1.   Project Title:
   2.   Project Number:
   3.   E-mail address:

II.   **BUDGET**
   1.   MCHB Grant Award $_____
        (Line 1, Form 2)
   2.   Unobligated Balance $_____
        (Line 2, Form 2)
   3.   Matching Funds (if applicable) $_____
        (Line 3, Form 2)
   4.   Other Project Funds $_____
        (Line 4, Form 2)
   5.   Total Project Funds $_____
        (Line 5, Form 2)

III.   **TYPE(S) OF SERVICE PROVIDED (Choose all that apply)**
   [ ] Direct Services
   [ ] Enabling Services
   [ ] Public Health Services and Systems

IV.   **DOMAIN SERVICES ARE PROVIDED TO**

   [ ] **Maternal/ Women's' Health**
   [ ] **Perinatal/ Infant Health**
   [ ] **Child Health**
   [ ] **Children with Special Health Care Needs**
   [ ] **Adolescent Health**
   [ ] **Life Course/ All Population Domains**
   [ ] **Local/ State/ National Capacity Building**

V.   **PROJECT DESCRIPTION OR EXPERIENCE TO DATE**

   A.   Project Description
        1.   Problem (in 50 words, maximum):

2.   Aims and Key Activities: (List up to 5 major aims and key related activities for the project. These should reflect the aims from the FOA, also these will be used for Grant Impact measurement at the end of your grant period.)

> Aim 1:
>
>> Related Activity 1:
>>
>> Related Activity 2:
>
> Aim 2:
>
>> Related Activity 1:
>>
>> Related Activity 2:
>
> Aim 3:
>
>> Related Activity 1:
>>
>> Related Activity 2:
>
> Aim 4:
>
>> Related Activity 1:
>>
>> Related Activity 2:
>
> Aim 5:
>
>> Related Activity 1:
>>
>> Related Activity 2:

3.   Specify the primary *Healthy People 2020* objectives(s) (up to three) which this project addresses:

> a.
> b.
> c.

5.   Coordination (List the State, local health agencies or other organizations involved in the project and their roles)

6.   Evaluation (briefly describe the methods which will be used to determine whether process and outcome objectives are met, be sure to tie to evaluation from FOA.)

7.   Quality Improvement Activities

B.   Continuing Grants ONLY

1.   Experience to Date (For continuing projects ONLY):

2.   Website URL and annual number of hits

   a.   _____ Number of web hits

   b.   _____ Number of unique visitors

VI.   **KEY WORDS**

VII.   **ANNOTATION**

INSTRUCTIONS FOR THE COMPLETION OF FORM 6
PROJECT ABSTRACT

NOTE: All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information
      Project Title: Displays the title for the project.
      Project Number: Displays the number assigned to the project (e.g., the grant number)
      E-mail address: Displays the electronic mail address of the project director

Section II – Budget - These figures will be transferred from Form 1, Lines 1 through 5.

Section III - Types of Services
Indicate which type(s) of services your project provides, checking all that apply.

Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)
    A.   New Projects only are to complete the following items:

       1.   A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.

       2.   Provide up to 5 aims of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and "services or system development for children with special healthcare needs." MCHB will capture annually every project's top aims in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 aims. For each goal, list the key related activities. The aims and activities must be specific and time limited (i.e., Aim 1: increase providers in area trained in providing quality well-child visits by 10% by 2017 through 1. trainings provided at state pediatric association and 2. on-site technical assistance).

       3.   Displays the primary Healthy People 2020 goal(s) that the project addresses.

       4.   Describe the programs and activities used to reach aims, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.

       5.   Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.

       6.   Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its aims and implementing activities.

    B.   For continuing projects ONLY:

      1.   Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).

      2.   If applicable, provide the number of hits by unique visitors to the website (or section of website) funded by MCHB for the past year.

Section V – Key Words

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

Section VI – Annotation

Provide a three- to five-sentence description of your project that identifies the project's purpose, the needs and problems, which are addressed, the aims of the project, the related activities which will be used to meet the aims, and the materials, which will be developed.

FORM 7

DISCRETIONARY GRANT PROJECT
SUMMARY DATA

1.   **Project Service Focus**

[ ] Urban/Central City   [ ] Suburban   [ ] Metropolitan Area (city & suburbs)
[ ] Rural   [ ] Frontier   [ ] Border (US-Mexico)

2.   **Project Scope**

[ ] Local   [ ] Multi-county   [ ] State-wide
[ ] Regional   [ ] National

3.   **Grantee Organization Type**

[ ] State Agency
[ ] Community Government Agency
[ ] School District
[ ] University/Institution Of Higher Learning (Non-Hospital Based)
[ ] Academic Medical Center
[ ] Community-Based Non-Governmental Organization (Health Care)
[ ] Community-Based Non-Governmental Organization (Non-Health Care)
[ ] Professional Membership Organization (Individuals Constitute Its Membership)
[ ] National Organization (Other Organizations Constitute Its Membership)
[ ] National Organization (Non-Membership Based)
[ ] Independent Research/Planning/Policy Organization
[ ] Other _____

4.   **Project Infrastructure Focus** (from MCH Pyramid) if applicable

[ ] Guidelines/Standards Development And Maintenance
[ ] Policies And Programs Study And Analysis
[ ] Synthesis Of Data And Information
[ ] Translation Of Data And Information For Different Audiences
[ ] Dissemination Of Information And Resources
[ ] Quality Assurance
[ ] Technical Assistance
[ ] Training
[ ] Systems Development
[ ] Other

5. **Demographic Characteristics of Project Participants**

Indicate the service level:

☐	**Direct Health Care Services**
☐	**Enabling Services**
☐	**Public Health Services and Systems**

	RACE (Indicate all that apply)								ETHNICITY			
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)												
Infants <1 year												
Children 1 to 12 years												
Adolescents 12-18 years												
Young Adults 18-25 years												
CSHCN Infants <1 year												
CSHCN Children and Youth 1 to 25 years												
Women 25+ years												
Men 25+												
TOTALS												

6.   Clients' Primary Language(s)

_____

_____

_____

7.   Population Served

[ ] Homeless

[ ] Incarcerated

[ ] Severely Depressed

[ ] Migrant Worker/ Population

[ ] Uninsured

[ ] Adolescent Pregnancy

[ ] Food Stamp Eligible

[ ] Other

8.   Resource/TA and Training Centers ONLY

Answer all that apply.

    a.   Characteristics of Primary Intended Audience(s)

        [ ] Providers/ Professionals

        [ ] Local/ Community partners

        [ ] Title V

        [ ] Other state agencies/ partners

        [ ] Regional

        [ ] National

        [ ] International

    b.   Number of Requests Received/Answered: ___/____

    c.   Number of Continuing Education credits provided: _____

    d.   Number of Individuals/ Participants Reached: _____

    e.   Number of Organizations Assisted: _____

    f.   Major Type of TA or Training Provided:

        [ ] continuing education courses,

        [ ] workshops,

        [ ] on-site assistance,

        [ ] distance learning classes

        [ ] one-on-one remote consultation

        [ ] other, Specify: _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 7
PROJECT SUMMARY**

Section 1 – Project Service Focus
Select all that apply

Section 2 – Project Scope
Choose the one that best applies to your project.

Section 3 – Grantee Organization Type
Choose the one that best applies to your organization.

Section 4 – Project Infrastructure Focus
If applicable, choose all that apply.

Section 5 – Demographic Characteristics of Project Participants
Indicate the service level for the grant program. Multiple selections may be made. Please fill in each of the cells as appropriate.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

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Section 6 – Clients Primary Language(s)
Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

Section 7 – Check all population served

Section 8 – Resource/TA and Training Centers (Only)
Answer all that apply.

Health Resources and Services Administration
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298
Expires: 06/30/2022

Attachment D:
Additional Data Elements

OMB Clearance Package

Table of Contents

Attachment D:
Additional Data Elements

TECHNICAL ASSISTANCE/COLLABORATION FORM – REVISED JULY 2019

DEFINITION: Technical Assistance/Collaboration refers to mutual problem solving and collaboration on a range of issues, which may include program development, clinical services, collaboration, program evaluation, needs assessment, and policy & guidelines formulation. It may include administrative services, site visitation and review/advisory functions. Collaborative partners might include State or local health agencies, and education or social service agencies. Faculty may serve on advisory boards to develop &/or review policies at the local, State, regional, national or international levels. The technical assistance (TA) effort may be a one-time or on-going activity of brief or extended frequency. The intent of the measure is to illustrate the reach of the training program beyond trainees.

Provide the following summary information on **ALL** TA provided

Total Number of Technical Assistance/ Collaboration Activities	Total Number of TA Recipients	TA Activities by Type of Recipient	Number of TA Activities by Target Audience
_____	_____	☐ Other Divisions/ Departments in a University ☐ Title V (MCH Programs) ☐ State Health Dept. ☐ Health Insurance/ Organization ☐ Education ☐ Medicaid agency ☐ Social Service Agency ☐ Mental Health Agency ☐ Juvenile Justice or other Legal Entity ☐ State Adolescent Health ☐ Developmental Disability Agency ☐ Early Intervention ☐ Other Govt. Agencies ☐ Mixed Agencies ☐ Professional Organizations/Associations ☐ Family and/or Consumer Group ☐ Foundations ☐ Clinical Programs/ Hospitals ☐ Other: Please Specify_____	Local _____ Title V _____ Within State _____ Another State _____ Regional _____ National _____ International _____

B. Provide information below on the **5-10 most significant** technical assistance/ collaborative activities in the past year. In the notes, briefly state why these were the most significant TA events.

Title	Topic of Technical Assistance/Collaboration *Select one from list A and all that apply from List B.*		Recipient of TA/ Collaborator	Intensity of TA	Primary Target Audience
	List A (select one) A. Clinical care related (including medical home) B. Cultural Competence Related C. Data, Research, Evaluation Methods (Knowledge Translation) D. Family Involvement E. Interdisciplinary Teaming F. Healthcare Workforce Leadership G. Policy H. Prevention I. Systems Development/ Improvement	List B (select all that apply) 1. CSHCN/ Developmental Disabilities 2. Autism 3. Prenatal Care 4. Perinatal/ Postpartum Care 5. Well Woman Visit/ Preventive Health Care 6. Depression Screening 7. Safe Sleep 8. Breastfeeding 9. Newborn Screening 10. Quality of Well Child Visit 11. Child Well Visit 12. Injury Prevention 13. Family Engagement 14. Medical Home (Access to and use of medical home) 15. Transition 16. Adolescent Well Visit 17. Injury Prevention 18. Screening for Major Depressive Disorder 19. Health Equity 20. Adequate health insurance coverage 21. Tobacco and eCigarette Use 22. Oral Health 23. Nutrition 24. Other	A. Other Divisions/ Departments in a University B. Title V (MCH Programs) C. State Health Dept. D. Health Insurance/ Organization E. Education F. Medicaid agency G. Social Service Agency H. Mental Health Agency I. Juvenile Justice or other Legal Entity J. State Adolescent Health K. Developmental Disability Agency L. Early Intervention M. Other Govt. Agencies N. Mixed Agencies O. Professional Organizations/ Associations P. Family and/or Consumer Group Q. Foundations R. Clinical Programs/ Hospitals S. Other (specify)	1. One time brief (single contact) 2. One time extended (multi-day contact provided one time) 3. On-going infrequent (3 or less contacts per year) 4. On-going frequent (more than 3 contacts per year)	1. Local 2. Title V 3. Within State 4. Another State 5. Regional 6. National 7. International
1 Example	G- Policy	21- Oral Health	E - Education	2	2

C. In the past year have you provided technical assistance on emerging issues that are not represented in the topic list above? YES/ NO.

If yes, specify the topic(s):_____

Products, Publications and Submissions Data Collection Form

Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced with grant support (either fully or partially) during the reporting period. Count the original completed product, not each time it is disseminated or presented.

Type	Number
<u>In Press</u> peer-reviewed publications in scholarly journals *Please include peer reviewed publications addressing maternal and child health that have been published by project faculty and/or staff during the reporting period. Faculty and staff include those listed in the budget form and narrative and others that your program considers to have a central and ongoing role in the project whether they are supported or not supported by the grant.*	
<u>Submission(s)</u> of peer-reviewed publications to scholarly journals	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference presentations and posters presented	
Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)	
Electronic products (CD-ROMs, DVDs, audio or videotapes)	
Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	
Doctoral dissertations/ Master's theses	
Other	

Part 3

Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an "*."

Data collection form for: primary author in peer-reviewed publications in scholarly journals – published

*Title: _____

*Author(s): _____

*Publication: _____

*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s):_____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL): _____

*Dissemination Vehicles: TV/ Radio Interview___ Newspaper/ Print Interview___ Press Release___

Social Networking Sites/ Social Media___ Listservs___ Conference Presentation___

Key Words (No more than 5): _____

Notes: _____

Data collection form for: contributing author in peer-reviewed publications in scholarly journals – published

*Title: _____

*Author(s): _____

*Publication: _____

*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s):_____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL): _____

*Dissemination Vehicles: TV/ Radio Interview___ Newspaper/ Print Interview___ Press Release___

Social Networking Sites/ Social Media___ Listservs___ Conference Presentation___

Key Words (No more than 5): _____

Notes: _____

Data collection form: Peer-reviewed publications in scholarly journals – submitted, not yet published

*Title: _____

*Author(s): _____

*Publication: _____

*Year Submitted: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

Key Words (No more than 5): _____

Notes: _____

Data collection form: Books

*Title: _____

*Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

Key Words (No more than 5): _____

Notes: _____

Data collection form for: Book chapters

Note: If multiple chapters are developed for the same book, list them separately.

*Chapter Title: _____

*Chapter Author(s): _____

*Book Title: _____

*Book Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Reports and monographs

*Title: _____

*Author(s)/Organization(s): _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Conference presentations and posters presented

(This section is not required for MCHB Training grantees.)

*Title: _____

*Author(s)/Organization(s): _____

*Meeting/Conference Name: _____

*Year Presented: _____

 *Type: ☐ Presentation   ☐ Poster

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Web-based products

*Product: _____

*Year: _____

 *Type: ☐ Blogs   ☐ Podcasts   ☐ Web-based video clips

            ☐ Wikis   ☐ RSS feeds   ☐ News aggregators

            ☐ Social networking sites   ☐ Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Electronic Products

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

  *Type: ☐ CD-ROMs   ☐ DVDs   ☐ Audio tapes

                      ☐ Videotapes   ☐ Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Press Communications

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

  *Type: ☐ TV interview   ☐ Radio interview   ☐ Newspaper interview

                      ☐ Public service announcement   ☐ Editorial article   ☐ Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Newsletters

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

  *Type: ☐ Electronic   ☐ Print   ☐ Both

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

*Frequency of distribution: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other (Specify)

Number of subscribers: _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Pamphlets, brochures or fact sheets

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

 *Type: ☐ Pamphlet   ☐ Brochure   ☐ Fact Sheet

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Academic course development

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Distance learning modules

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

 *Media Type: ☐ Blogs   ☐ Podcasts   ☐ Web-based video clips

                  ☐ Wikis   ☐ RSS feeds   ☐ News aggregators

                  ☐ Social networking sites   ☐ CD-ROMs   ☐ DVDs

                  ☐ Audio tapes   ☐ Videotapes   ☐ Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Doctoral dissertations/Master's theses

*Title: _____

*Author: _____

*Year Completed: _____

 *Type: ☐ Doctoral dissertation   ☐ Master's thesis

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Other

(Note, up to 3 may be entered)

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Describe product, publication or submission: _____

_____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ____

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

MCH TRAINING PROGRAM DATA FORMS

Faculty and Staff Information

List all personnel (faculty, staff, and others) contributing[51] to your training project, including those listed in the budget form and budget narrative and others that your program considers to have a central and ongoing role in the leadership training program whether they are supported or not supported by the grant.

Personnel (Do not list trainees)						
Name	**Ethnicity** (Hispanic or Latino, Not Hispanic or Latino, Unrecorded)	**Race** (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than One Race, Unrecorded)	**Gender** (Male or Female)	**Discipline**	**Year Hired in MCH Leadership Training Program**	**Former MCHB Trainee?** (Yes/No)
Faculty						
Staff						
Other						

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[51] A 'central' role refers to those that regularly participate in on-going training activities such as acting as a preceptors; teaching core courses; and participating in other core leadership training activities that would be documented in the progress reports.

Trainee Information (Long–term Trainees Only) **– REVISED JULY 2019**

Definition: Long-term trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (including those who received MCH funds and those who did not).

Total Number of long-term trainees participating in the training program* _____
Name
Ethnicity
Race
Gender
Address (For supported trainees ONLY)
    City
    State
    Country
Discipline(s) upon Entrance to the Program
Degree(s)
Degree Program in which enrolled
Received financial MCH support? [ ] Yes [ ] No   Amount: $_____
If yes….[ ] Stipend [ ] Tuition [ ] Stipend and Tuition [ ] Other
Type: [ ] Non-Degree Seeking   [ ] Undergraduate [ ] Masters
          [ ] Pre-doctoral [ ] Doctoral [ ] Post-doctoral
Student Status: [ ] Part-time student [ ] Full-time student

Epidemiology training grants ONLY
Length of time receiving support: _____
Research Topic or Title_____

*All long-term trainees participating in the program, whether receiving MCH stipend support or not.

Former Trainee Information

The following information is to be provided for each long-term trainee who completed the Training Program 2 years and 5 years prior to the current reporting year.
Definition of Former Trainee = Long-term trainees who completed a long-term (greater than or equal to 300 contact hours) MCH Training Program 2 years and 5 years ago, including those who received MCH funds and those who did not.

☐ Project does not have any trainees who have completed the Training Program **2 years** prior to current reporting year.

☐ Project does not have any trainees who have completed the Training Program **5 years** prior to current reporting year.

Name	Year Graduated	Degree(s) Earned with MCH support (if applicable)	Was University able to contact the trainee?	City of Residence	State of Residence	Country of Residence	Current Employment Setting *(see pick list below*)*	Working in Public Health organization or agency (including Title V)? (Yes/No)	Working in MCH? (Yes/No)	Working with underserved populations or vulnerable groups**? (Yes/No)	Met criteria for Leadership in Performance Measure Training 10? (Yes/No)	Met criteria for interdisciplinary practice in Performance Measure Training 12? (Yes/No)

* Employment pick list

- Student

- Schools or school system includes EI programs, elementary and secondary

- Post-secondary setting

- Government agency

- Clinical health care setting (includes hospitals, health centers and clinics)

- Private sector

- Other (specify)

** The term "underserved" refers to "Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative

risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc.)

Source: Center for Vulnerable Populations Research. UCLA. http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html

MCH TRAINING PROGRAM TRAINEE FOLLOW-UP SURVEY

Contact / Background Information

*Name (first, middle, last): _____

Previous Name (if used while
enrolled in the training program): _____

*Address: _____

_____

City	State	Zip

Phone: _____

Primary Email: _____

Permanent **Contact Information** (someone at a different address who will know how to contact you in the future, e.g., parents)

*Name of Contact: _____

Relationship: _____

*Address: _____

_____

City	State	Zip

Phone: _____

What year did you complete the MCH Training Program? _____

Degree(s) earned while participating in the MCH Training Program _____ *(a pick list will be provided- same as the one provided in the EHB faculty information form)*

Ethnicity: (choose one)
Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.
__ **Hispanic or Latino**
__ **Not Hispanic or Latino**
__ **Unrecorded**

Race: (choose one)
__ **American Indian and Alaskan Native** refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Tribe: _____
__ **Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., Asian Indian).
__ **Black or African American** refers to people having origins in any of the Black racial groups of Africa.
__ **Native Hawaiian and Other Pacific Islander** refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
__ **White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
__ **More than One Race** includes individuals who identify with more than one racial designation.
__ **Unrecorded** is included for individuals who do not indicate their racial category.

Survey

Please answer all of the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your Center/Program.

1. What best describes your current employment setting:
__ Student
__ Schools or school system (includes EI programs, elementary and secondary)
__ Post-secondary setting
__ Government agency
__ Clinical health care setting (includes hospitals, health centers and clinics)
__ Private sector
__ Other: please specify: _____

2. Do you currently work in a public health organization or agency (including Title V)?   Y/N

3. Does your current work focus on Maternal and Child Health (MCH) populations (i.e., women, infants and children, adolescents, young adults, and their families including fathers, and children or young adults with special health care needs?)
__ yes
__ no

4. Does your current work focus on populations considered to be underserved or vulnerable[1] (e.g., immigrant, tribal, migrant, or uninsured populations, individuals who have experienced family violence, homeless, foster care, HIV/AIDS, people with disabilities)
__ yes
__ no

5. Have you done any of the following activities since completing your training program? *(check all that apply)*

__ a. Participated on any of the following as a group leader, initiator, key contributor or in a position of influence/authority: committees of state, national or local organizations; task forces; community boards; advocacy groups; research societies; professional societies; etc.
__ b. Served in a clinical position of influence (e.g. director, senior therapist, team leader, etc.)
__ c. Provided consultation or technical assistance in MCH areas
__ d. Taught/mentored in my discipline or other MCH related field
__ e. Conducted research or quality improvement on MCH issues
__ f. Disseminated information on MCH Issues (e.g., Peer reviewed publications, key presentations, training manuals, issue briefs, best practices documents, standards of care)
__ g. Served as a reviewer (e.g., for a journal, conference abstracts, grant, quality assurance process) (ac, c)
__ h. Procured grant and other funding in MCH areas
__ i. Conducted strategic planning or program evaluation
__ j. Participated in public policy development activities (e.g., Participated in community engagement or coalition building efforts, written policy or guidelines, provided testimony, educated policymakers, etc.)

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[1] The term "underserved" refers to "Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

___ k. None

6. If you checked <u>any</u> of the activities above, in which of the following settings or capacities would you say these activities occurred? (*check all that apply*)

     ___ a. Academic
     ___ b. Clinical
     ___ c. Public Health
     ___ d. Public Policy & Advocacy

7.   Have you done any of the following interdisciplinary activities since completing your training program?   (*check all that apply*)

- a. Sought input or information from other professions or disciplines to address a need in your work
- b. Provided input or information to other professions or disciplines.
- c. Developed a shared vision, roles and responsibilities within an interdisciplinary group.
- d. Utilized that information to develop a coordinated, prioritized plan across disciplines to address a need in your work
- e. Established decision-making procedures in an interdisciplinary group.
- f. Collaborated with various disciplines across agencies/entities
- g. Advanced policies & programs that promote collaboration with other disciplines or professions
- h. None

(end of survey)

Confidentiality Statement

Thank you for agreeing to provide information that will enable your training program to track your training experience and follow up with you after the completion of your training. Your input is critical to our own improvement efforts and our compliance with Federal reporting requirements. Please know that your participation in providing information is entirely voluntary. The information you provide will only be used for monitoring and improvement of the training program. Please also be assured that we take the confidentiality of your personal information very seriously. We very much appreciate your time and assistance in helping to document outcomes of the Training Program. We look forward to learning about your academic and professional development.

Medium Term Trainees

DEFINITION: Medium term trainees are trainees with 40 - 299 contact hours in the current reporting year.

Medium-term Trainees with 40-149 contact hours during the past 12-month grant period

Total Number _____

Disciplines (check all that apply):
- ☐ Audiology
- ☐ Dentistry-Pediatric
- ☐ Dentistry – Other
- ☐ Education/Special Education
- ☐ Family Member/Community Member
- ☐ Genetics/Genetic Counseling
- ☐ Health Administration
- ☐ Medicine-General
- ☐ Medicine-Adolescent Medicine
- ☐ Medicine-Developmental-Behavioral Pediatrics
- ☐ Medicine-Neurodevelopmental Disabilities
- ☐ Medicine-Pediatrics
- ☐ Medicine-Pediatric Pulmonology
- ☐ Medicine – Other
- ☐ Nursing-General
- ☐ Nursing-Family/Pediatric Nurse Practitioner
- ☐ Nursing-Midwife
- ☐ Nursing – Other
- ☐ Nutrition
- ☐ Occupational Therapy
- ☐ Person with a disability or special health care need
- ☐ Physical Therapy
- ☐ Psychiatry
- ☐ Psychology
- ☐ Public Health
- ☐ Respiratory Therapy
- ☐ Social Work
- ☐ Speech-Language Pathology
- ☐ Other (Specify)

Medium Term Trainees with 150-299 contact hours

The totals for gender, ethnicity, race and discipline must equal the total number of medium term trainees with 150-299 contact hours

Total Number   _____

Gender   Male _____   Female _____
(number not percent)

Ethnicity   Hispanic or Latino _____   Not Hispanic or Latino _____   Unrecorded _____
(number not percent)

Race   American Indian or Alaska Native: _____
(number not percent)   Asian: _____
                    Black or African American: _____
                    Native Hawaiian or Other Pacific Islander: _____
                    White: _____
                    More than One Race: _____
                    Unrecorded:_____

Discipline

Number	Discipline
____	Audiology
____	Dentistry-Pediatric
____	Dentistry – Other
____	Education/Special Education
____	Family Member/Community Member
____	Genetics/Genetic Counseling
____	Health Administration
____	Medicine-General
____	Medicine-Adolescent Medicine
____	Medicine-Developmental-Behavioral Pediatrics
____	Medicine-Neurodevelopmental Disabilities
____	Medicine-Pediatrics
____	Medicine-Pediatric Pulmonology
____	Medicine – Other
____	Nursing-General
____	Nursing-Family/Pediatric Nurse Practitioner
____	Nursing-Midwife
____	Nursing – Other
____	Nutrition
____	Occupational Therapy
____	Person with a disability or special health care need
____	Physical Therapy
____	Psychiatry
____	Psychology
____	Public Health
____	Respiratory Therapy
____	Social Work
____	Speech-Language Pathology
____	Other (Specify)_____

TOTAL Number of Medium term Trainees: _____

Short Term Trainees

DEFINITION: Short-term trainees are trainees with less than 40 contact hours in the current reporting year. (**Continuing Education participants are not counted in this category**)

Total number of short term trainees during the past 12-month grant period_____

Indicate disciplines (check all that apply)

- ☐ Audiology
- ☐ Dentistry-Pediatric
- ☐ Dentistry – Other
- ☐ Education/Special Education
- ☐ Family Member/Community Member
- ☐ Genetics/Genetic Counseling
- ☐ Health Administration
- ☐ Medicine-General
- ☐ Medicine-Adolescent Medicine
- ☐ Medicine-Developmental-Behavioral Pediatrics
- ☐ Medicine-Neurodevelopmental Disabilities
- ☐ Medicine-Pediatrics
- ☐ Medicine-Pediatric Pulmonology
- ☐ Medicine – Other
- ☐ Nursing-General
- ☐ Nursing-Family/Pediatric Nurse Practitioner
- ☐ Nursing-Midwife
- ☐ Nursing – Other
- ☐ Nutrition
- ☐ Occupational Therapy
- ☐ Person with a disability or special health care need
- ☐ Physical Therapy
- ☐ Psychiatry
- ☐ Psychology
- ☐ Public Health
- ☐ Respiratory Therapy
- ☐ Social Work
- ☐ Speech-Language Pathology
- ☐ Other (Specify)

Continuing Education Form

Continuing Education is defined as continuing education programs or trainings that serve to enhance the knowledge and/or maintain the credentials and licensure of professional providers. Training may also serve to enhance the knowledge base of community outreach workers, families, and other members who directly serve the community. Additional details about CE activities will be collected in the annual progress report.

A. Provide information related to the total number of CE activities provided through your training program last year.

Total Number of CE Participants   _____
Total Number of CE Sessions/ Activities   _____

Number of CE Sessions/Activities by Primary Target Audience

      _____
Number of **Within Your State** CE Activities   _____
Number of CE Activities **With Another State**   _____
Number of **Regional** CE Activities   _____
Number of **National** CE Activities   _____
Number of **International** CE Activities   _____

Number of CE Sessions/Activities for which Credits are Provided   _____

B. Topics Covered in CE Activities *Check all that apply*

A. Clinical Care-Related (including medical home)

B. Diversity or Cultural Competence-Related

C. Data, Research, Evaluation Methods (Knowledge Translation)

D. Family Involvement

E. Interdisciplinary Teaming

F. Healthcare Workforce Leadership

G. Policy

H. Prevention

I. Systems Development/ Improvement

☐ Women's Reproductive/ Perinatal Health

☐ Early Childhood Health/ Development (birth to school age)

☐ School Age Children

☐ Adolescent Health

☐ CSHCN/ Developmental Disabilities

☐ Autism

☐ Emergency Preparedness

☐ Health Information Technology

☐ Mental Health

☐ Nutrition

☐ Oral Health

☐ Patient Safety

☐ Respiratory Disease

☐ Vulnerable Populations*

☐ Health Disparities

☐ Health care financing

☐ Other (specify) _____

* "Vulnerable populations" refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. *Source: Center for Vulnerable Populations Research. UCLA.* *http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html*.

MCH PIPELINE PROGRAM GRADUATE FOLLOW-UP QUESTIONS – NEW SURVEY

Please answer all of the following questions as thoroughly as possible. When you have filled out the entire survey, return it to your Pipeline Program Director.

What year did you graduate from the MCH Pipeline Program? _____

1. **Are you currently enrolled or have you completed a graduate school program that is preparing you to work with the MCH population**?

   ☐ Yes
   ☐ No

NOTE: Graduate programs preparing graduate students to work in the MCH population include:

Medicine (e.g., Pediatric, Ob/Gyn, Primary Care), public health, MCH nutrition, public health social work, MCH nursing, pediatric dentistry, psychology, health education, health administration, pediatric occupational/physical therapy, speech language pathology.

2. **Have you worked with Maternal and Child Health (MCH) populations since graduating from the MCH Pipeline Training Program?** (i.e., women, infants and children, adolescents, young adults, and their families, including fathers, and children and youth with special health care needs)?

   ☐ Yes
   ☐ No

3. **Have you worked with populations considered to be underserved or vulnerable[2] since graduating from the MCH Pipeline Training program?** (e.g., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, health disparities, etc.)

   ☐ Yes
   ☐ No

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[2] The term "underserved" refers to "Medically Underserved Areas and Medically Underserved Populations with shortages of primary medical care, dental or mental health providers. Populations may be defined by geographic (a county or service area) or demographic (low income, Medicaid-eligible populations, cultural and/or linguistic access barriers to primary medical care services) factors. The term "vulnerable groups," refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life.

Vulnerable Groups refers to social groups with increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems. This vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life. (i.e., Immigrant Populations Tribal Populations, Migrant Populations, Uninsured Populations, Individuals Who Have Experienced Family Violence, Homeless, Foster Care, HIV/AIDS, etc.)
Source: Center for Vulnerable Populations Research. UCLA. http://www.nursing.ucla.edu/orgs/cvpr/who-are-vulnerable.html